(staple inside file in blue slip area)

2T00 INTERNAL TRANSFER REQUEST FOR S.N.

| 0 | 470, | 621 |
|---|------|-----|
| | | |

| DATE: 6/26/00 | _ FROM: | Johnson | (print name) |
|--|---|---|--------------|
| | REASON(S): | | |
| ORWARD TO: | A. You had Parent | (check box) | |
| N. Art Unit: 2112 | B. See Title | (check box) | |
| 3, Class: 3 48 | C. See Abstract | (check box) | |
| Subclass: 272+? | D. See Claim(s): | | |
| URTHER EXPLANATION IF NE | EDED: | | |
| d date color image | re sensor w | color titters | 5. |
| d state color image in | processing. | • | |
| ATE: | FROM: | | (print name) |
| | | | |
| ODWARD TO | REASON(S): A. You had Parent | (charle hand | |
| FORWARD TO: | B. See Title | (check box) | |
| A. Art Unit: | - | (check box) | |
| 3. Class: | C. See Abstract | (check box) | |
| | D. See Claim(s): | | |
| Subclass: | | | |
| - | | | (print name) |
| FURTHER EXPLANATION IF NE | FROM: | | (print name) |
| FURTHER EXPLANATION IF NE | EEDED: | (check box) | (print name) |
| FURTHER EXPLANATION IF NE | FROM: REASON(S): | (check box) | (print name) |
| FURTHER EXPLANATION IF NE | FROM: REASON(S): A. You had Parent | | (print name) |
| URTHER EXPLANATION IF NE | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract | (check box) | (print name) |
| OATE: | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (check box) | (print name) |
| OATE: CORWARD TO CLASSIFIER | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (check box) | (print name) |
| OATE: FORWARD TO CLASSIFIER | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (check box) | (print name) |
| OATE: CORWARD TO CLASSIFIER | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (check box) | (print name |
| OATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NE | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED: | (check box) | (print name) |
| OATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NE | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED: | (check box) | (print name) |
| FURTHER EXPLANATION IF NE | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED: ASSIFICATION CLASSIFIER: | (check box) | (print name) |
| OATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NE | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED: ASSIFICATION CLASSIFIER: REASON(S): | (check box) | (print name |
| DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NE | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED: ASSIFICATION CLASSIFIER: REASON(S): A. You had Parent | (check box) | (print name) |
| DISPOSITION BY 2700 CLASSIFIER FORWARD TO CLASSIFIER DISPOSITION BY 2700 CLASSIFIER FORWARD TO: A. Art Unit: | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED: ASSIFICATION CLASSIFIER: REASON(S): A. You had Parent B. See Title | (check box) | (print name |
| DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NE | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED: ASSIFICATION CLASSIFIER: REASON(S): A. You had Parent | (check box) (check box) (check box) (check box) | (print name |

FURTHER EXPLANATION IF NEEDED: